



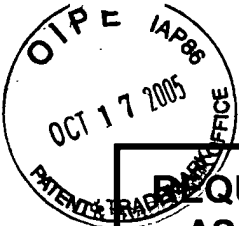
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TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>	Application Number	10/039,537	
	Filing Date	January 4, 2002	
	First Named Inventor	Dietrich W. Schultz	
	Group Art Unit Number	2178	
	Examiner Name	Gregory J. Vaughn	
Total Number of Pages in This Submission	4	Attorney Docket Number	21540-05742

ENCLOSURES (check all that apply)	
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<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
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<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input checked="" type="checkbox"/> Request for Withdrawal as Attorney
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REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT		
Signature:		
Attorney/Reg. No.:	Greg T. Sueoka, Reg. 33,800	Dated: 10/16/08

CERTIFICATE OF MAILING		
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.		
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Express Mail Mailing Number (optional):		



**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/039,537
Filing Date	January 4, 2002
First Named Inventor	Dietrich W. Schultz
Group Art Unit	2178
Examiner Name	Gregory J. Vaughn
Attorney Docket Number	21540-05742

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Patric J. Rawlins, Procopio, Cory, Hargreaves & Savitch LLP				
Address	530 B Street, Suite 2100				
Address					
City	San Diego	State	CA	Zip	92101
Country	United States				
Telephone	(619) 525-3829	Fax	(619) 744-5429		

- ☒ This request is made on behalf of myself and
☒ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number _____
on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Greg V. Sueoka, Reg. 33,800
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Signature	
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Date	10/11/05
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NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.